Case 2:07-cv-00219-WI	KW SENDER: COMPLETE THIS SECTION Ed 04/	19/20MPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X C BLC 42 Agent □ Addresse
	Infinitional Facility	t by (Printed Name) C. Date of Deliver C. Date of Deliver C. Date of Deliver Fig. 7 y address different from item 1? ☐ Yes Inter delivery address below: ☐ No
	P.O. Box 1107 Elmore, AL 36025	11-107cv219
		3. Service Type Certifled Mail Registered Return Receipt for Merchandise
•		4. Restricted Delivery? (Extra Fee)
	Article Number (Transfer from service label)	
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	A. Signature X
	wendolyn Tarrance	'- delivery address different from item 1? ☐ Yes (ES, enter delivery address below: ☑ No
	raper Correctional Facility O. Box 1107 more, AL 36025	0'100719
		ervice Type Certified Mail Registered Insured Mail C.O.D.
	2. Article Number	4. Restricted Delivery? (Extra Fee)
	(Transfer from service label)	
	PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540